

Case Number:	CM15-0183823		
Date Assigned:	09/24/2015	Date of Injury:	07/31/2013
Decision Date:	10/29/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/18/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 40 year old male, who sustained an industrial injury on 7-31-13. The injured worker is being treated for post laminectomy syndrome status post right L5 hemilaminotomy and L5-S1 microdiscectomy, L4-5 protrusion with annular tear and transitional 5th lumbar vertebral segment. Treatment to date has included hemilaminotomy and L5-S1 microdiscectomy 3-2014, physical therapy, oral medications including Ibuprofen 800mg, Norco 5-325mg (for at least 6 months) and activity modifications. On 8-6-15, the injured worker complains of localized pain at the axial lumbar spine at the level of the iliac crest and inferior as well as to bilateral buttocks, lumbosacral junctions and radiating specifically to the right leg and right S1 dermatome. Physical exam performed on 8-6-15 revealed an antalgic gait without an ambulatory aid, tenderness upon palpation at surgical site which is well healed and tenderness at bilateral lumbosacral junctions and bilateral buttocks, no sensory or motor deficits; however pain, numbness and tingling are localized to the right S1 dermatome (exam is unchanged from previous visit dated 7-6-15). The treatment plan included proceeding with right transforaminal L4-5 and L5-S1 lumbar epidural steroid injection with pain management specialist. A request for authorization was submitted on 8-14-15 for Norco 5-325mg #60 and Gabapentin 600mg #60 with 3 refills. A request for Norco 5-325mb #60 was non-certified by utilization review and Gabapentin 600mg #60 with 3 refills was modified to #60 with no refills on 9-8-15.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Gabapentin 600mg 1 po bid #60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Gabapentin monotherapy in patients with chronic radiculopathy: the efficacy and impact on life quality. Yildirim K1, Deniz O, Gureser G, Karatay S, Ugur M, Erdal A, Senel K.

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does have radiculopathy with adequate pain control. In addition, the referenced article indicate the Gabapentin also improves quality of life. Continued Gabapentin use is appropriate medically necessary.

Norco 5/325 1 po bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months. NSAID caused GI side effects. The claimant's pain was adequately controlled. There was no mention of Tylenol, Tricyclic or weaning failure. The continued and chronic use of short acting opioids such as Norco is not medically necessary. Therefore, the request is not medically necessary.